



Deval L. Patrick
Governor

Timothy P. Murray
Lieutenant Governor

Kevin M. Burke
Secretary

The Commonwealth of Massachusetts
Department of Public Safety
Architectural Access Board
One Ashburton Place, Room 1310
Boston, Massachusetts 02108-1618
Phone 617-727-0660 / 1-800-828-7222
TTY 617-727-0019
Fax 617-727-0665

Docket Number

Thomas G. Gatzunis, P.E.
Commissioner

Thomas P. Hopkins
Director

www.mass.gov/dps

APPLICATION FOR VARIANCE
Curb cuts/sidewalks

In accordance with M.G.L., Chapter 22, Section 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the location(s) described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

PLEASE ENCLOSE:

1) A filing fee of \$50.00 (Check/Money Order) made payable to the Commonwealth of Massachusetts, four copies of the original application for variance and all supporting documentation, i.e all plans in 11" x 17" format, photographs, etc. In addition, the complete package (including plans and photographs) must be submitted via compact disc.

1. State the name and address of the owner of the project:

_____ Tel: _____

2. State the exact location of the area in question: (i.e. n.w. corner of Main St. and Broadway) Use additional sheets if necessary to describe each location:

3. Describe the project: (i.e. complete reconstruction of Rt. 20 from Main St. to Broadway)

4. Check the work performed or to be performed: _____ New Construction _____ Reconstruction/Alteration _____ Repair

5. Briefly describe the extent and nature of the work performed or to be performed: (Use additional sheets if necessary).

6. State each section of the Architectural Access Board's regulations for which a variance is being requested:

6a. Check appropriate regulations: _____ 1996 Regulations _____ 1982 Regulations _____ 2002 Regulations

SECTION NUMBER

LOCATION OR DESCRIPTION

SECTION NUMBER	LOCATION OR DESCRIPTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. For each variance requested, state in detail the reasons why compliance with the Board's regulations is impracticable. State the necessary cost of the work required to achieve compliance with the regulations. **PLEASE NOTE THAT YOU SHOULD SUBMIT WRITTEN COST ESTIMATES AS WELL AS PLANS JUSTIFYING THE COST OF COMPLIANCE.** Use additional sheets if necessary.

8. Has the project been out bid? _____ Has the contract been awarded? _____

8a. If the contract has been awarded, what date was it awarded? _____

8b. Has the project been completed? _____

8c. If work has been completed, state the date work began _____ Completion date: _____

9. State the estimated cost of the total project: _____

10. Has any other work been performed at this location within the past 36 months? _____

11. Is this project funded by the Massachusetts Highway Department? _____

12. Has the project been accepted by the city or town? _____ If yes, state the date of acceptance: _____

13. To the best of your knowledge, has a complaint ever been filed on this project relative to accessibility?
 _____yes _____no

14. State the name and address of the architectural or engineering firm including the name of the individual architect or engineer responsible for preparing drawings of the project:

 _____ TEL: _____

15. State the name and address of the local or state official responsible for overseeing this project:

 _____ TEL: _____

Date: _____

 Signature of owner or authorized agent

PLEASE PRINT:

 Name

 Address

 City/Town

 State

 Zip Code

 Telephone